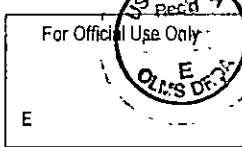


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6325</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Kenneth F. Cliff</u> P.O. Box, Bldg., Room No., if any <u>Suite 2500</u> Street <u>111 East Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>	4. Name, file number, and address of labor organization. Name <u>Service Employees International Union</u> Labor Organization File Number <u>1 023715</u> P.O. Box, Building and Room Number, if any <u>Suite 2500</u> Street <u>111 East Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5. Position in labor organization. <u>Director of Contract Administration; Trustee - SEIU Local 25 Pension Trust</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenneth F. Cliff</u>	On <u>Mar. 25, 2006</u> Date	<u>312-233-8725</u> Telephone Number

Name of Person Filing

Kenneth F Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Foundation of Employee Benefit PlansTrade Name, if any: IFEBPP.O. Box, Bldg., Room No., if any P.O. Box 69Street 18700 W. Bluemound RoadCity BrookfieldState Wisconsin ZIP Code + 4 53008

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 SEIU & Participating Employers Pension TrustTrade Name, if any: P.O. Box, Bldg., Room No., if any 25th FloorStreet 111 E. Wacker DriveCity ChicagoState Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Payment Info.	Paid To	Date of Payment	Amount	Payment method	Description
	IFEBP (via AMEX)	2/1/2005	\$ 1,235.00	check	Registration fee and hotel deposit for IFEBP Trust Institute conference held April 17-22, 2005
	Ken Cliff	5/11/05	\$ 1,789.80	check	Expense reimbursement for attendance of IFEBP Trustee Institute April 17-22, 2005, including hotel, car rental and meals
	Ken Cliff	8/11/05	\$ 689.12	check	Expense reimbursement for airfare - IFEBP education conference to be held November 11-16, 2005
	Ken Cliff	11/22/05	\$ 1,412.93	check	Expense reimbursement for attendance of IFEBP education conference November 11-16, 2005, including hotel and meals

12.b. Amount.

\$5106.65

Name of Person Filing <u>Kenneth F. Cliff</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Union Health Service</u></p> <p>Trade Name, if any: <u>UHS</u></p> <p>P.O. Box, Bldg., Room No., if any <u>-----</u></p> <p>Street <u>1634 West Polk Street</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60612</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Same as above</u></p> <p>Trade Name, if any: <u> </u></p> <p>P.O. Box, Bldg., Room No., if any <u> </u></p> <p>Street <u> </u></p> <p>City <u> </u></p> <p>State <u> </u> ZIP Code + 4 <u> </u></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>• <u>Board Trustee - Certificate of Insurance</u></p> <p> <u>- Dinner Dance</u></p> </div> <p>11.b. Approximate dollar value of such dealing. <u>-----</u></p> <p>12.a. Nature of interest held or income received.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 30%; padding: 2px;">06-13-2005</td> <td style="width: 30%; padding: 2px;">\$1,135.78</td> <td style="width: 40%; padding: 2px;">payment of insurance premium</td> </tr> <tr> <td style="padding: 2px;">09-15-2005</td> <td style="padding: 2px;">\$63.00</td> <td style="padding: 2px;">payment of cost of dinner dance</td> </tr> </table> <p style="font-size: small; margin: 5px 0;">The Reporting Employer pays the annual premium of each trustee for a health plan. The annual premium paid in 2005 was \$1,135.78.</p> <p style="font-size: small; margin: 5px 0;">The individual was invited and attended a dinner dance observing the Reporting Employers 50th Anniversary; value of \$63.00.</p> <p>12.b. Amount. <u>\$1198.78</u></p>	06-13-2005	\$1,135.78	payment of insurance premium	09-15-2005	\$63.00	payment of cost of dinner dance
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09-15-2005	\$63.00	payment of cost of dinner dance					